



NAAF MARINE SERVICES

NMS/F-04

Date

1 July 2012

TITLE: - PRE-JOINING MEDICAL EXAMINATION  
REPORT/CERTIFICATE

Issue No

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Page No

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## CONFIDENTIAL FORM

SURNAME <b>FAHIM</b>	GIVEN NAME(S) <b>ASIFUL KARIM</b>
DATE OF BIRTH MONTH <b>01</b> DAY <b>15</b> YEAR <b>2000</b>	PLACE OF BIRTH CITY <b>CHATTGRAM</b> COUNTRY <b>B'DESH</b>
SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MAILING ADDRESS OF APPLICANT: <b>SYED AHMED DHUIYAN BARI, WEST SONAPAHAR WARD NO-08, JORARGANJ, JORAGANJ-4324, CHATTGRAM</b>
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RATING <input checked="" type="checkbox"/> OTHERS (RANK: <b>(OS)</b> ) <input type="checkbox"/>	

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT <b>173 CM</b>	WEIGHT <b>74</b>	BLOOD PRESSURE <b>123/75 mmHg</b>	PULSE <b>62/min</b>	RESPIRATION <b>16/min</b>	GENERAL APPEARANCE <b>GOOD</b>
VISION: WITHOUT GLASSES RIGHT EYE <b>6/6</b> LEFT EYE <b>6/6</b> WITH GLASSES <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		HEARING: RT. EAR <b>NORMAL</b> LEFT EAR <b>NORMAL</b>			

COLOR TEST TYPE: BOOK ☒ LANTERN ☒ CHECK IF COLOR TEST IS NORMAL - YELLOW ☒ RED ☐ GREEN ☐ BLUE ☐ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARDS? Yes ☐ No ☒

HEAD AND NECK <b>NORMAL</b>	HEART (CARDIOVASCULAR) <b>NORMAL</b>
LUNGS <b>Clear</b>	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <b>YES</b>

EXTREMITIES:  
UPPER **NORMAL** LOWER **NORMAL**

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?

Yes ☐ No ☒IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒

**✓ Fahim** **02 MAY 2023**  
SIGNATURE OF APPLICANT DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: **ASIFUL KARIM FAHIM**  
NAME OF APPLICANTTHIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☒ No ☐SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER ☒ DECK OFFICER / ☐ ENGINEERING OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK / ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN **DR. M. AYUBUR RAHMAN**  
ADDRESS **M.B.B.S; P.G.T (Medicine)  
SABA DIAGNOSTIC CENTRE  
TAHER CHAMBER  
10, AGRABAD C/A, CHITTAGONG.  
BMDC AND DG SHIPPING  
GOVT. OF BD  
23-02-1984**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE

SIGNATURE OF PHYSICIAN **DR. MD. AYUBUR RAHMAN**  
**M.B.B.S; P.G.T (Medicine)**  
**Taher Chamber**  
**10, Agrabad C/A, Chittagong**  
**23-02-2023**

DATE **02 MAY 2023**

10, Agrabad C/A, Chittagong is in compliance with the requirements  
of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW I 9/A)

(CONTROLLED DOCUMENT)

Quality Manual: Naaf Marine Services, Chittagong, Bangladesh: July 2012